

United States Bankruptcy Court

Eastern District of Pennsylvania

In re: Michael Jode Billera : Case No.: 17-18394
Cynthia M. Billera:

: CERTIFICATION OF BUSINESS DEBTOR
REGARDING MONTHLY REPORT

I, Michael Jode Billera, being of full age and duly sworn upon
my oath, depose(s) and say(s):

1. I am the business Debtor(s) in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of
June 2018.
3. All of the information in the Monthly Financial Report is complete, true and correct
to the best of my knowledge, information and belief.

This certification and all attachments shall be filed with the Clerk of the United States Bankruptcy Court, the United States Trustee and the Chapter 13 Standing Trustee in accordance with Section 1304 and Section 704(8) of the United States Bankruptcy Code.

Date:

9/11/18 X [Signature]

Debtor

Date:

9/11/18 Cynthia M. Billera

Debtor

PETITION FILED: _____

MONTHLY REPORT NO. _____

DEBTOR IN POSSESSION

MONTH ENDED 6/18

ALL ITEMS MUST BE ANSWERED USING "NONE" OR N/A WHERE APPROPRIATE

CHAPTER MONTHLY REPORT FOR INDIVIDUALS ENGAGED IN BUSINESS

1. Cash on Hand (on filing date, or thereafter, from prior reporting period) _____

2. Receipts during Report Period:

a. Salary and Commissions

2748.56

b. Interest or Dividend Income

N/A

c. Real Estate Rental

N/A

d. Other (Describe-Schedule A)

N/A

TOTAL RECEIPTS _____

3. Disbursements:

a. Taxes – IRS

302.00

b. Taxes-State, including any
sales tax due

110.00

c. Taxes- Real Estate

d. Taxes- Other

55.00

e. Utilities

f. Mortgage(s) or Rent(s)

g. Insurance premiums (list type)

h. Food

i. Medical

j. Car loan

k. Automobile expenses

l. Clothing _____
m. Gifts – donations (Schedule B) _____
n. Tuitions (Schedule B) _____
o. Other (Describe) membership fees 110.00 _____
TOTAL DISBURSEMENTS

4. Balance at end of reporting period [(1-2) – 3] _____

5. Are you paying all your debts (post filing) as they are incurred? If not, list outstanding obligations and amounts due at end of current period on Schedule C.

6. Is all insurance paid up-to-date? N/A _____

Debtor in Possession Checking Account(s):

NAME, LOCATION AND NUMBER(S) _____

BRANCH _____

Debtor in Possession Savings Account(s) and Investments, including IRA's, Keogh, Pension:

DESCRIBE: _____

BRANCH: _____

SCHEDULE A

(2)(d) Other:

SCHEDULE B


Gifts – donations/Name(s) of recipient(s):

Tuition(s) list name and school(s):

SCHEDULE C

Outstanding obligations: (List payee and date incurred)

I DECLARE THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL TAX REPORTS OR RETURNS WHICH BECAME DUE DURING THE REPORTING PERIOD HAVE BEEN FILED AND ALL REQUIRED PAYMENTS MADE.


SIGNATURE OF DEBTOR(S)

9-11-18
DATE